ŀ		•		1.	<u> </u>									
ı		CLAIMS AS FILED - PART I							SMALL ENTITY					<u> </u>
I	TOTAL CLA	IMS	(Co	(Column 1)		(Column 2)		TYPE C				OT R. SM	OTHER THAN R. SMALL ENTITY	
l	FOR	_ 		3.				RAT		FEE		FA	<u> </u>	FEE
TOTAL CHARGEABLE CLAI				NUMBER FILED		NUMBER EXTRA		BASIC FI		355.0	0	RBASIC		710.0
-	INDEPENDENT CLAIMS			3 _ minus 20=		• ~		XS	8=		OF			
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Ľ	MULTIPLE DEPENDENT CLAIM PF											X80	-	
•	If the differe	nce in column 1	l is less tha	less than zero, enter "0" in column 2				+13	5=		OF	+270	 =	
		CLAIMS AS		TOT	AL]of	TOTA	T L					
_		31	SMA	1) E:	STIV.		OTH.	ER T	HAN					
4		CLAIMS REMAINING	3	(Colum HIGHE NUMB	ST ·					ENTITY	OR	SMALL		
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9	· · · · · · · · · · · · · · · · · · ·	CLAUMS		(Column	1	(Column 3)	\ _							
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		per Previously Paid	· · · (rom or	n (inspandent)	uni yibi	rest number fr	ound in	the appr	ropriate	box in c	ohuma	11.		

Application or Docket Number